

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/509380

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		2		
5		2		2		
6		1		2		
7		1		2		
8		2		2		
9		1		2		
10	1		1			
11	1			1		
12		2	1			
13	1		1			
14	1			1		
15	1			1		
16	1			3		
17		1		3		
18				3		
19				3		
20				3		
21				3		
22				3		
23			1		3	
24	1			1		
25		1		1		
26		1		1		
27				3		
28				3		
29				3		
30				3		
31				3		
32				3		
33				3		
34				3		
35	1			1		
36	1			1		
37		2	1			
38			1			
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49						
50						
TOTAL IND.	10		9			
TOTAL DEP.	50	←	64	←		←
TOTAL CLAIMS	100		72			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						